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ABSTRACT

Depression is a major problem for many people, with about 20 percent of the population having a clinically diagnosable depression sometime in their lives severe enough to make it difficult for these individuals to function in society. Depression in drug users has been researched frequently using white or black opiate and cocaine users, but rarely in other drug using populations. This study focused on describing depression in a sample of Mexican-American youth in the Youth Advocacy Program, a drug prevention program for inhalant use. Subjects (N=110) were youth from ages 13 to 17. Data collected at intake were used to provide information about drug use and depression. Additional information from clients and their mothers was obtained almost 4 years later at the follow-up interview. The incidence of depression at follow-up was high with almost one-half of the former clients reporting some depression at follow-up, and 35 percent of the mothers being depressed. Drug and alcohol use were not significantly related with depression, but a higher level of family conflict was associated with a higher level of depression. Depression in this population was probably not directly attributable to drug use, but to living conditions, acculturation, employment, and other life stressors found in the barrio. (ABL)

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Depression and Drug Use in Mexican-American Youth

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Abstract

This study focused on depression in 110 Mexican-American youth who entered the Youth Advocacy Program (YAP), a drug prevention program in southeast Austin, between March 1981 and December 1985. Seventy-eight of their mothers were also interviewed at follow-up. Descriptive data about the clients and their mothers are reported. Forty-four percent of the clients and 35% of the mothers interviewed were depressed. The relation of depression and drug use is discussed.

Depression and Drug Use in Mexican-American Youth

Depression is a major problem for many people, with about 20% of the population having a clinically diagnosable depression sometime in their lives severe enough to make it difficult for these individuals to function in society (Craighead, Kennedy, Raczynski, & Dow, 1984). Between 4-8% of the population is clinically depressed at any one time (Klerman, Weissman, Rounsaville, & Cheveron, 1984). Individuals outside "mainstream" society--such as drug users, the impoverished, and some minority groups that have not been fully acculturated--are at greater risk for depression (Barnes, 1979; Billings, Cronkite, & Moos, 1983; Billings & Moos, 1982a; Lewinsohn, Hoberman, & Rosenbaum, 1988). Drug users presenting for treatment have an incidence of depression ranging from 30-60% (Mirin, Weiss, Sollogul, & Michael, 1984) but it is not known if depression contributes to drug use, or if the use of drugs causes the depression, or if both are caused by a third factor. Depression in drug users has been researched frequently using white or black opiate and coraine users (i.e., Meyer & Hesselbroch, 1984; Rounsaville, Weissman, Crits-Christoph, Wilber, & Kleber, 1982), but rarely in other drug using populations.

One such population is inhalant users. These individuals are disproportionately Mexican or Native Americans from impoverished areas (Hunsaker, 1985), although a recent state school survey found that 27% of 7th graders had experimented with inhalants in the past, and that 22% of them had used inhalants in the past year (Texas Commission on Alcohol and Drug Abuse, 1988). Barnes (1979) found that 41% of a mixed-race sample of inhalant users he studied were currently depressed, which is 5-10 times the prevalence rate found in the general population. The etiology of this depression is important because if it contributes causally to drug use, prevention efforts should center on counseling depressed youths that are at high risk for becoming drug addicts. If, on the other hand, the depression is a result of the pharmacological effects of drug use, then prevention and treatment are important for reducing drug use and depression should abate on its own.

This study focuses on describing depression in a sample of Mexican-American youth in a drug prevention program for inhalant use. Chronic inhalant use can cause brain damage and even death. The brain damage can cause major cognitive deficits that impair users' ability to process information and cope with their environment (Allison & Jerrom, 1984; Dodds & Santostefano, 1964; Grabowski, 1961). The level of depression in this population will be examined in relation to the extent of inhalant and other drug use, as well as family, peer, and psychological adjustment variables. It is expected that depression will be associated with heavier use of inhalants and other drugs, as has been found in studies on opiate users (i.e., Meyer & Hesselbroch, 1984; Rounsaville, Weissman, Crits-Christoph, Wilber, & Kleber, 1982).

The sample included 110 Mexican-American youth who entered the Youth Advocacy Program (YAP), a drug abuse prevention program in southeast Austin, between March 1981 and December 1985. Their ages at admission ranged from 13 to 17. Data collected from clients at intake were used to provide information about drug use and depression. Additional information from clients and their mothers was obtained almost four years later at the follow-up interview. Seventy-eight mothers of the interviewed subjects were also interviewed to provide additional information about the family (some of the mothers had multiple children in YAP).

Descriptive data pertaining to client marital status, education, employment, and church attendance at follow-up are presented in Table 1. Most clients were single (57%) or married (35%). The majority of the sample (70%) had a ninth grade education or less, and had dropped out of school as opposed from being suspended. Approximately half of these clients worked full-time, while 26% reported part-time employment.

As shown in Table 2, 38% of the mothers were separated or divorced. Most (59%) were not educated beyond the ninth grade, although a few had had some college. The majority tended to either be housewives (39%) or were employed full time (47%).

The prevalence of clinical depression in this sample at follow-up, as measured by the Beck Depression Inventory (Beck, A.T., Ward, C.H., Mendelson, M., Mock, J., & Erbaugh, J. 1961), was high. Almost half the sample of the former clients reported some depression at follow-up--for 13% it was

severe, for an additional 13% it was moderate, and for 18% it was mild. Correlations between depression at follow-up and other variables, for both clients and mothers, are reported in Table 3. In the client sample, there was no significant correlation between most of the variables and depression. When the criminal activity of moderately and severely depressed individuals was compared with the criminal activity of individuals with mild or no depression, the more severely depressed group was significantly more involved in criminal activity, $t(108)=-1.9907$, $p<.05$. Drug and alcohol use were not significantly related with depression, but a high level of family conflict was associated with a higher level of depression, $r(109)=.24$, $p<.01$. Current self-esteem was negatively correlated with current depression, $r(109)=-.47$, $p<.0001$.

The prevalence of depression was also high among the mothers of the clients in this sample. Eight percent of the mothers were severely depressed, 12% were moderately depressed, and 15% were mildly depressed. Client sex, SES, and age at follow-up were not significantly correlated with maternal depression, nor were client criminal activity, drug use, or alcohol use. Client depression was positively correlated with maternal depression, $r(77)=.32$, $p<.005$, and maternal church attendance was negatively correlated with depression, $r(76)=-.23$, $p<.05$.

The individuals in this sample show a high incidence of depression, just as in other drug using samples (e.g., Dorus & Senay, 1980; Frederick, Resnik, & Wittlin, 1973; 1984; Rounsaville, Weissman, Crits-Christoph, Wilber, & Kleber, 1982). Unlike other samples in which depression was correlated with drug use (Kleinman, Wish, Deren, & Rainone, 1986), however, this relationship was not confirmed in the current study. There are several possible reasons for this discrepancy. Since drug use is so prevalent in this sample, it may serve functions other than to self-medicate for depression. On the other hand, some subjects may not report depression while they are using drugs, particularly if they are using stimulants. Finally, depression in this population is probably not directly attributable to drug use, but to living conditions, acculturation, employment, and other life stressors commonly found in the barrio. The mothers' of these clients frequently showed signs of depression, and rarely used drugs, which suggests that drug use is not the major cause of depression

in this population. More research on Mexican-American inhalant users and their families is needed to identify factors that influence depression in this sample.

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Table 1

Description of Adolescent Sample at Time of Follow-up Interview (N=110)

Client Variable	N	%
Sex		
Males	71	(65%)
Females	39	(35%)
Marital Status		
Single	63	(57%)
Married	38	(35%)
Separated or divorced	3	(3%)
Widowed	6	(5%)
Higest Grade Completed		
9th grade or less	77	(70%)
10th grade	17	(15%)
11th grade	10	(9%)
12th grade	6	(6%)
Some college	0	
Educational Status		
Graduated	6	(5%)
GED	4	(4%)
Quit	78	(71%)
Suspended	6	(5%)
In school or college	10	(9%)
Vocational or technical training	4	(4%)
Other	2	(2%)
Employment		
None	25	(23%)
Odd jobs	3	(3%)
Part-time (less than 35 hours a week)	28	(26%)
Full-time (more than 35 hours a week)	54	(49%)
Attendance at Church Services		
Never	58	(53%)
A few times a year	25	(23%)
1-2 times a month	17	(16%)
Every week	10	(8%)

Table 2

Description of Mothers at Time of Follow-up (N=78)

Maternal Variable		
Marital Status		
Single	6	(8%)
Married	39	(50%)
Separated or divorced	30	(38%)
Widowed	3	(4%)
Highest Grade Completed		
9th grade or less	45	(59%)
10th grade	8	(11%)
11th grade	7	(9%)
12th grade	13	(17%)
Some college	3	(5%)
Employment Status		
None	30	(39%)
Odd jobs	0	
Part-time (less than 35 hours a week)	11	(14%)
Full-time (more than 35 hours a week)	37	(47%)
Attend Church Services		
Never	16	(21%)
A few times a year	15	(19%)
1-2 times a month	18	(23%)
Every week	28	(37%)

Table 3

Correlations of Depression Scores with Other Selected Variables, Based on Clients and Their Mothers

Variable	Correlations with Depression Scores: Clients	Mothers
Demographic Variables for Clients:		
Sex	.088	-.127
Age at Follow-up	-.053	.106
SES	.189*	.028
Marital Status	.156	-.097
Highest School Grade Achieved	-.041	-.015
Educational Status	-.059	-.091
Employment Status	-.003	.035
Religious Status	.064	-.091
Demographic Variables for Mothers:		
Marital Status	-.060	-.054
Highest School Grade Achieved	-.109	-.145
Employment Status	-.243*	-.263*
Religious Status	-.157	-.231*
Follow-up Outcomes for Clients:		
Overall Drug Use	-.067	-.006
Total Inhalant Use	.034	-.033
Inhalant Use (past year)	-.040	-.067
Alcohol Use (past year)	-.041	-.056
Marijuana Use (past year)	.026	-.054
Drug Use (first year after treatment)	-.105	.022
Alcohol Severity Index	-.039	-.034
Criminal Activity	.125	.081
FFS Measures at Follow-up:[a]		
Family Warmth	-.094	-.072
Family Control	-.118	.016
Family Conflict	.241*	.202
Peer Activities	.174	.239*
Peer Trouble	.162	.121
Environment	-.065	-.024
Self-esteem	-.474*	-.125
Peers Involved in Conventional Activities	-.078	-.039
Peers Familiarity with Parents	-.028	.024

* $p < .05$
** $p < .001$

[a] Data for FFS scales and depression were recorded for Clients and for their Mothers separately and used to compute conclusions among these variables within each group.